New England Biolabs, Inc. 32 Tozer Road Beverly, MA 01915

# DECLARATION AND POWER OF ATTORNEY Original Application

Amorney Docket No. NEB-020C2C



As a below named inventor, I hereby declare that:

My residence, post address and citizenship are as stated below next to my name

certificate having a filing date before that of the application on which priority is claimed:

I believe that I am the original, first and sole inventor (in only one name is listed at 201 below) or an original, first and joint inventor (if plural names are listed at 201-203 below) of the subject matter which is claimed and which a patent is sought on the invention entitled:

| ISOLATION AND COMPOSITION OF                                                       | F NOVEL GLYCOSIDASES                                                                                                                                                                                                                        |
|------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| which is described and claimed in:                                                 |                                                                                                                                                                                                                                             |
| [ ] the attached specification or                                                  | [X] the specification in Application Serial No. 08/560,809filed 11/21/95                                                                                                                                                                    |
|                                                                                    | (for declaration not accompanying application)                                                                                                                                                                                              |
|                                                                                    | And was amended on                                                                                                                                                                                                                          |
|                                                                                    | if applicable                                                                                                                                                                                                                               |
| claims, as amended by any amendme                                                  | nd understand the contents of the above identified specification, including the nts referred to above. I acknowledge the duty to disclose information which application in accordance with Title 37, Code of Federal Regulations, §1.56(a). |
| I hereby claim foreign priority benefits patent or inventor's certificate listed b | under Title 35, United States Code, §119 of any foreign application(s) for elow and have also identified below any foreign application for patent or                                                                                        |
| inventor's certificate listed below and                                            | have also identified below any foreign application for patent or inventor's                                                                                                                                                                 |

| FOREIGN APPL                                                                               | ICATION(S) IF ANY, FILED WITHIN | I 12 MONTHS PRIOR TO THE FI             | LING DATE OF THIS | SAPPLICATION                          |  |
|--------------------------------------------------------------------------------------------|---------------------------------|-----------------------------------------|-------------------|---------------------------------------|--|
| DATE OF FILING (day, month, PRIORITY CLAIMED UNDER COUNTRY APPLICATION year) 35 U.S.C. 119 |                                 |                                         |                   |                                       |  |
|                                                                                            |                                 |                                         | YES               | NO                                    |  |
|                                                                                            |                                 |                                         | YES               | NO                                    |  |
| ALL FOREIGN                                                                                | N APPLICATION(S) IF ANY, FILED  | MORE THAN 12 MONTHS PRIO<br>APPLICATION | R TO THE FILING D | ATE OF THIS                           |  |
| COUNTRY APPLICATION (day, month, year) PRIORITY CLAIMED UNDER 35 U.S.C. 1 i 9              |                                 |                                         |                   |                                       |  |
|                                                                                            |                                 |                                         |                   | · · · · · · · · · · · · · · · · · · · |  |

I hereby claim the benefit under Title 35, United States Code §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

| Application Serial No. | Filing Date       | Status (Patented, Pending, Abandoned) |
|------------------------|-------------------|---------------------------------------|
| 08/560,809             | 21 November 1995  | Pending                               |
| 08/596,250             | 24 June 1996      | Patented                              |
| 08/126.174             | 23 September 1993 | Abandoned                             |
|                        |                   |                                       |
|                        |                   |                                       |



DECLARATION AND POWER OF ATTORNEY PAGE 2 OF 3

#### POWER OF ATTORNEY:

As a named inventor, I hereby appoint the following attorney with full powers of association, substitution and revocation to prosecute this application and transact all business in the Patent and Trademark Office connected therewith:

Gregory D. Williams (Registration No. 30901)

#### SEND CORRESPONDENCE TO:

Gregory D. Williams General Counsel New England Biolabs, Inc. 32 Tozer Fload

Beverly, MA 01915

# DIRECT TELEPHONE CALLS TO:

Gregory D. Williams General Counsel New England Biolabs, Inc.

Tele: (978) 927-5054; Ext. 292

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|   | Full Name of               | Last Name                                 | First Name                                   | Middle Name          |
|---|----------------------------|-------------------------------------------|----------------------------------------------|----------------------|
| 2 | 2 Inventor Wong-Madden     |                                           | Sharon                                       | т.                   |
| 0 | Residence &<br>Citizenship | City<br>Bellevue                          | State/Foreign Country<br>Washington          | Citizenship<br>USA   |
| _ | Post Office Address        | 16629 Southeast                           | City/State/Country                           | Zip Code             |
| 1 |                            | 56th Place                                | Bellevue, Washington                         | 98006                |
| 2 | Full Name of<br>Inventor   | Last Name<br>Guthrie                      | First Name<br>Ellen                          | Middle Name<br>P.    |
| 0 | Residence & Citizenship    | City<br>Andover                           | State/Foreign Country<br>Massachusetts       | Citizenship<br>USA   |
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| 2 | Full Name of<br>Inventor   | Last Name<br>Landry                       | First Name<br>David                          | Middle Name          |
| 0 | Residence &<br>Citizenship | City<br>Essex                             | State/Foreign Country<br>Massachusetts       | Citizenship<br>USA   |
| 3 | Post Office Address        | Post Office Address 73 Story Avenue       | City/State/Country Essex, Massachusetts      | Zip Code<br>01929    |
| 2 | Full Name of<br>Inventor   | Last Name<br>Taron                        | First Name<br>Christopher                    | Middle Name<br>H.    |
| 0 | Residence & Citizenship    | City<br>Champaign                         | State/Foreign Country<br>Illinois            | Citizenship<br>USA   |
| 4 | Post Office Address        | Post Office Address<br>607 Harwood Court  | City/State/Country<br>Champaign, Illinois    | Zip Code<br>61821    |
| 2 | Full Name of Inventor      | Last Name<br>Guan                         | First Name<br>Chudi                          | Middle Name          |
| 0 | Residence &<br>Citizenship | City<br>Wenham                            | State/Foreign Country<br>Massachusetts       | Citizenship<br>China |
| 5 | Post Office Address        | Post Office Address<br>10 Great Pond Road | City/State/Country<br>Wenham, Massachusetts  | Zip Code<br>01984    |

# DECLARATION AND POWER OF ATTORNEY PAGE 3 OF 3



| 2  | Full Name of               | Last Name<br>Robbins                         | First Name<br>Phillips                     | Middle Name        |
|----|----------------------------|----------------------------------------------|--------------------------------------------|--------------------|
| 0  | Residence & Citizenship    | City<br>Acton                                | State/Foreign Country<br>Massachusetts     | Citizenship<br>USA |
| 6  | Post Office Address        | Post Office Address<br>One Winding Wood Lane | City/State/Country<br>Acton, Massachusetts | Zip Code<br>01720  |
| 2  | Full Name of<br>Inventor   | Last Name                                    | First Name                                 | Middle Name        |
| 0  | Residence & Citizenship    | City                                         | State/Foreign Country                      | Citizenship        |
| 7  | Post Office Address        | Post Office Address                          | City/State/Country                         | Zip Code           |
| 2  | Full Name of<br>Inveritor  | Last Name                                    | First Name                                 | Middle Name        |
| 0  | Residence & Citizenship    | City                                         | State/Foreign Country                      | Citizenship        |
| 8_ | Post Office Address        | Post Office Address                          | City/State/Country                         | Zip Code           |
| 2  | Full Name of<br>Inveritor  | Last Name                                    | First Name                                 | Middle Name        |
| 0  | Residence &<br>Citizenship | City                                         | State/Foreign Country                      | Citizenship        |
| 9  | Post Office Address        | Post Office Address                          | City/State/Country                         | Zip Code           |

I hereby further declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true and further that these statements were made with the knowledge that willful statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

| Signature of Inventor 201 | Date                           |
|---------------------------|--------------------------------|
| marmi wing madden         | 09.28 98                       |
| Signature of Inventor 202 | Date /5/ = /6 ?                |
| Signature of Inventor 203 | 10/5/98<br>  Date<br>  10/5/98 |
| Signature of Inventor 201 |                                |
| Signature of Inventor 204 | Date                           |
| Signature of Inventor 205 | Date 10/5/98                   |
| Signature of Inventor 206 | Date                           |
| Signature of Inventor 207 | Date                           |
| Signature of Inventor 208 | Date                           |
| Signature of Inventor 209 | Date                           |
|                           | (                              |

## DECLAFIATION AND POWER OF ATTORNEY PAGE 3 OF 3



| 2 | Full Name of<br>Inventor   | Last Name<br>Robbins                         | First Name<br>Phillips                     | Middle Name<br>W.  |
|---|----------------------------|----------------------------------------------|--------------------------------------------|--------------------|
| 0 | Residence &<br>Citizenship | City<br>Acton                                | State/Foreign Country<br>Massachusetts     | Citizenship<br>USA |
| 6 | Post Office Address        | Post Office Address<br>One Winding Wood Lane | City/State/Country<br>Acton, Massachusetts | Zip Code<br>01720  |
| 2 | Full Name of<br>Inventor   | Last Name                                    | First Name                                 | Middle Name        |
| 0 | Residence &<br>Citizenship | City                                         | State/Foreign Country                      | Citizenship        |
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| 2 | Full Name of<br>Inventor   | Last Name                                    | First Name                                 | Middle Name        |
| 0 | Residence & Citizenship    | City                                         | State/Foreign Country                      | Citizenship        |
| 8 | Post Office Address        | Post Office Address                          | City/State/Country                         | Zip Code           |
| 2 | Full Name of<br>Inventor   | Last Name                                    | First Name                                 | Middle Name        |
| 0 | Residence & Citizenship    | City                                         | State/Foreign Country                      | Citizenship        |
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| Date                       |
|----------------------------|
| Date                       |
| Date                       |
| Date<br>September 22, 1998 |
| Date                       |
|                            |

## DECLARATION AND POWER OF ATTORNEY PAGE 3 C/F 3



| 2 | Full Name of Inventor      | Last Name<br>Robbins                         | First Name<br>Phillips                     | Middle Name<br>W.  |
|---|----------------------------|----------------------------------------------|--------------------------------------------|--------------------|
| 0 | Residence &<br>Citizenship | City<br>Acton                                | State/Foreign Country<br>Massachusetts     | Citizenship<br>USA |
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| 2 | Full Name of Inventor      | Last Name                                    | First Name                                 | Middle Name        |
| 0 | Residence &<br>Citizenship | City                                         | State/Foreign Country                      | Citizenship        |
| 7 | Post Office Address        | Post Office Address                          | City/State/Country                         | Zip Code           |
| 2 | Full Name of Inventor      | Last Name                                    | First Name                                 | Middle Name        |
| 0 | Residence &<br>Citizenship | City                                         | State/Foreign Country                      | Citizenship        |
| 8 | Post Office Address        | Post Office Address                          | City/State/Country                         | Zip Code           |
| 2 | Full Name of Inventor      | Last Name                                    | First Name                                 | Middle Name        |
| 0 | Residence & Citizenship    | City                                         | State/Foreign Country                      | Citizenship        |
| 9 | Post Office Address        | Post Office Address                          | City/State/Country                         | Zip Code           |

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| Signature of Inventor 201                 | Date          |
|-------------------------------------------|---------------|
| Signature of Inventor 202                 | Date          |
| Signature of Inventor 203                 | Date          |
| Signature of Inventor 204                 | Date          |
| Signature of Inventor 205                 | Date          |
| Signature of Inventor 206 Philips W. Koll | Date 21, 1998 |
| Signature of Inventor 207                 | Date          |
| Signature of Inventor 208                 | Date          |
| Signature of Inventor 209                 | Date          |



| Attorney's Docket No. NEB-020-CIP2 PATENT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Applicant or Patentee:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| Application or Patent No.: /                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| Filed or Issued:  Isolation And Composition Of Novel Glycosidase  For:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| VERIFIED STATEMENT (DECLARATION) CLAIMING SMALL ENTITY STATUS (37 CFR 1.9(f) and 1.27(c))—SMALL BUSINESS CONCERN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| I hereby declare that I am                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| ☐ the owner of the small business concern identified below:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| an official of the small business concern empowered to act on behalf of the concern identified below:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Name of Concern New England Biolabs, Inc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| Address of Concern 32 Tozer Road                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| Beverly, Massachusetts 01915                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| Code, in that the number of employees of the concern, including those of its affiliates, does not exceed 500 persons. For purposes of this statement, (1) the number of employees of the business concern is the average over the previous fiscal year of the concern of the persons employed on a full-time, part-time or temporary basis during each of the pay periods of the fiscal year, and (2) concerns are affiliates of each other when either, directly or indirectly, one concern controls or has the power to control the other, or a third-party or parties controls or has the power to control both. |
| I hereby declare that rights under contract or law have been conveyed to, and remain with, the small business concern identified above, with regard to the invention entitled                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| Isolation And Composition Of Novel Glycosidases                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| by inventor(s) David Landry                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| described in  Ithe specification filed herewith.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| application no. /, filed                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| patent no, issued                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| If the rights held by the above identified small business concern are not exclusive, each individual, concern or organization having rights in the invention is listed below* and no rights to the invention are held by any person, other than the inventor, who would not qualify as an independent inventor under 37 CFR 1.9(c), if that person made the invention, or by any concern which would not qualify as a small business concern under 37 CFR 1.9(d) or a nonprofit organization under 37 CFR 1.9(e).                                                                                                   |

\*NOTE: Separate verified statements are required from each named person, concern or organization having rights to the invention aversing to their status as small entities. (37 CFR 1.27)



| Name                                                   | New England                                                 | d Biolabs,                                                     | Inc.                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                   |                                                                   |
|--------------------------------------------------------|-------------------------------------------------------------|----------------------------------------------------------------|---------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|
|                                                        | 32 Tozer Ro                                                 | oad                                                            |                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                   |                                                                   |
|                                                        | Beverly, Ma                                                 | assachuset                                                     | ts 01915                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                   |                                                                   |
| ☐ INDIV                                                | IDUAL                                                       | SMALL B                                                        | USINESS CONCE                                                             | RN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | □ NONPROFIT O                                                                                     | RGANIZATION                                                       |
| Name                                                   |                                                             |                                                                |                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                   |                                                                   |
| Address                                                |                                                             |                                                                |                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                   |                                                                   |
| VIDIN [                                                | IDUAL                                                       | ☐ SMALL B                                                      | USINESS CONCE                                                             | RN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | □ NONPROFIT O                                                                                     | RGANIZATION                                                       |
| in status re<br>of paying, t<br>status as a            | sulting in los<br>the earliest o<br>small busin             | s of entitlement<br>of the issue fe<br>ess entity is           | ent to small en<br>e or any maint<br>no longer app                        | tity status p<br>enance fee<br>propriate. (3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | t, notification of<br>prior to paying, o<br>due after the da<br>7 CFR 1.28(b))<br>knowledge are t | r at the time<br>ate on which                                     |
| all stateme<br>statements<br>are punisha<br>States Coo | nts made on i<br>were made wable by fine or<br>de, and that | information a<br>vith the know<br>r imprisonme<br>such willful | nd belief are be<br>dedge that willf<br>nt, or both, und<br>false stateme | elieved to build false state state of the section into the section in the | e true; and furthe<br>ements and the<br>1001 of Title 18 o<br>opardize the va<br>ch this verified | er, that these<br>like so made<br>of the United<br>alidity of the |
| Name of P                                              | erson Signin                                                | g Gregor                                                       | y D. Willia                                                               | ms                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                   |                                                                   |
|                                                        | rson Other Ti                                               | •                                                              | General Cou                                                               | nsel                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                   |                                                                   |
|                                                        | Person Sign                                                 | New                                                            | England Bio                                                               | labs, In                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | c.                                                                                                |                                                                   |
| , Iddioso Ci                                           |                                                             |                                                                | Beverly, M                                                                | lassachus                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | etts 01915                                                                                        |                                                                   |
|                                                        |                                                             |                                                                |                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                   |                                                                   |
| SIGNATUR                                               | RE                                                          | lm                                                             |                                                                           | Date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 11/21/25-                                                                                         |                                                                   |